

"BABY MOSES LAW"

VOLUNTARY

CHILD HEALTH HISTORY

| Pregnancy and Birth | Client Information |
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| Total number of living children _____ Mother's age at birth _____ Number of years between previous pregnancy and this child _____ Trimester Prenatal Care Began: 1 2 3 N/A Prenatal Care Provider _____ Vitamins: Y N Iron: Y N | Name: _____ DOB ____ / ____ / ____ Age: _____ Sex: M F SSN/Record No. _____ Race / Ethnicity: _____ Informant / Relationship: _____ |
| Maternal Complications | Birth / Delivery |
| ___ Vaginal bleeding ___ Anemia ___ Hypertension ___ Rh negative ___ Diabetes ___ Premature labor ___ Injury / hospitalization / surgery ___ Flu-like illness or high temp. ___ Kidney or bladder infection ___ Sexually Transmitted Disease ___ Hepatitis (A B C) ___ Exposure to TB ___ Exposure to lead/chemicals ___ Dental disease | Place of birth: _____ Birth attendant: _____ Hours of labor _____ ___ Term ___ Premature (weeks) ____ Complications: ___ Breech ___ Multiple birth Type of delivery: ___ Vaginal ___ C-section ___ Forceps |
| Maternal Substance Use | Baby Information |
| ___ Over the counter medications _____ ___ Prescription meds _____ ___ Tobacco ___ Alcohol ___ Street drugs _____ ___ Caffeine | Birth Weight _____ Birth Length _____ ___ Difficulty with initial breathing ___ Heart murmur ___ Infection ___ Transfusion ___ Jaundice req. treatment ___ Seizures |
| Family Medical History | |
| Abbreviations for relatives listed below: | |
| M - Mother F - Father S - Sibling (brother or sister) MGM - Maternal Grandmother MGF - Maternal Grandfather MA - Maternal Aunt MU - Maternal Uncle | PGM - Paternal Grandmother PGF - Paternal Grandfather PA - Paternal Aunt PU - Paternal Uncle |
| ___ Anemia / blood disorder ___ Heart disease before age 50 ___ Cholesterol req. treatment ___ Hypertension/stroke ___ Asthma / allergy ___ Cancer ___ Diabetes ___ Epilepsy / seizures ___ Kidney problems ___ Muscle/bone disease ___ Genetic disease or major birth defects ___ Childhood hearing impairment | Yes or No -- HIV + individual in household (do not give names) ___ Tuberculosis ___ Other immunosuppression ___ Dental decay ___ Alcohol/drug abuse ___ Tobacco use ___ Learning disorder ___ Mental retardation ___ Psychiatric disorder ___ Physical/sexual/emotional abuse ___ Domestic violence ___ Other: (explanation: _____) |